

Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

X6600

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment Name PM Regional Hospital Establishment Address (number and street, city, state, zip code) 4023 Peas La. New Albay, 12 47150 Owner PML Period Hospital Densis Makey (LEO) Owner's Address 3026 Grantia R1 du Albay, 12 47150 Person in Charge Susan Plick Marissa Shavvel Responsible Person's Espail Certified Food Manager				Purpose: Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	C Menu Typ	r) p/19 p Releas	of page)
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" • VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"							
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